



# ELWOOD FIRE PROTECTION, Inc.

Alarm Systems • Sprinkler Systems • Restaurant Systems  
Service Station Systems • Portable Fire Extinguisher Sales & Service  
PHONE 716-447-0370 • FAX 716-447-0191 • 291 GROTE STREET • BUFFALO, NEW YORK 14207

## BUILDING FIRE ALARM INSTALLATION AND TESTING REPORT

### GENERAL INFORMATION

Customer Name <b>US ARMY RESERVE - COLVIN</b>			Insp Date <b>5/9/2024</b>	Frequency <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual	Sequence <b>1 of 4</b>
Attn. Of: <b>JULIE / TIDEWATER</b>			Contact Phone		Arrived On Site <b>10:00 AM</b>
Address <b>2393 COLVIN BLVD EXT</b>			Contact Fax		Departed Site <b>1:00 PM</b>
City <b>TONAWANDA</b>		State <b>NY</b>	Zip Code <b>14150</b>	Contact Email	
Completion Date <b>5/9/2024</b>					

### CONTROL PANEL INFORMATION

PNL #	Manufacturer <b>NOTIFIER</b>	Model # <b>NFS2</b>	Serial #		Panel Location <b>BOILER ROOM</b>				
AC POWER SOURCE	Circuit Breaker Location <b>ELECTRICAL RM</b>	No.	Dedicated Circuit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BATTERY	Qty <b>4</b>	Make <b>ULTRATECH</b>	Model <b>-</b>	Volt <b>24</b>	Amp <b>100</b>
BATTERY TEST	B1 Volt	B1 Amp	B2 Volt	B2 Amp	Charging Volt	MFG Date	Install Date <b>9/2023</b>	Next Replace Date <b>9/2028</b>	
PANEL TYPE	<input type="checkbox"/> Zone <input checked="" type="checkbox"/> Addressable	TROUBLE CONDITION <b>PASS</b>	Zone/Cir. Trouble <b>PASS</b>	Signal / NAC Trouble <input checked="" type="checkbox"/> PASS <input type="checkbox"/> Note#		AC /OP Power Loss <input checked="" type="checkbox"/> PASS <input type="checkbox"/> Note#			
Cust. Initials						NOTICE: Alarm Signaling Devices must be tested annually per NFPA 72			
Signals were <input checked="" type="checkbox"/> were not <input type="checkbox"/> Activated at the request of the customer.									

### ANNUNCIATOR PANEL INFORMATION

Qty <b>2</b>	Manufacturer <b>NOTIFIER</b>	Model # <b>NFS2</b>	Serial #	Type <input type="checkbox"/> INCAN <input checked="" type="checkbox"/> LED <input type="checkbox"/> CRT <input type="checkbox"/> GRFX <input type="checkbox"/> LCD <input type="checkbox"/> OTHER			
Auxiliary Functions <input checked="" type="checkbox"/> Lamp Test <input checked="" type="checkbox"/> Remote Test <input checked="" type="checkbox"/> Drill <input checked="" type="checkbox"/> Acknowledge <input checked="" type="checkbox"/> Silence <input checked="" type="checkbox"/> Reset		B1 Volt		B1 Amp	B2 Volt	B2 Amp	P Volt

### REMOTE MONITORING INFORMATION

Monitoring Company <b>SIMPLEX/JOHNSON CONTROLS</b>	Account No. <b>UCG020</b>	Phone No.	<input checked="" type="checkbox"/> Central <input type="checkbox"/> City	BOX #	
Line 1 Phone No. <b>DIALER</b>	Line 2 Phone No.	COMM TEST	Spoke to: <b>MGR CALLED</b>	Trouble Response <input checked="" type="checkbox"/> Pass Time:	Alarm Response <input checked="" type="checkbox"/> Pass Time:

### DEVICE INVENTORY AND TEST

	PSD	ISD	FHT	RORHT	TRACE	PSDD	PS	ISDD	BELL	HORN	ST	HST	CHIME	SPKR	S/S	RELAY	DR HLD	RECALL	AFSS
INSTALLED	83		25			2	12					71							
TESTED																			
FAILED																			
CLEANED																			

### INSPECTION NOTES AND DEFICIENCIES

#### CO2 DEVICES

#### KITCHEN ANSUL TIED TO FACP

### CERTIFICATION

**NOTICE:** To PASS inspection, all panels devices, accessories and wiring shall be FM/UL listed for Fire Protection Service, in accordance with NFPA 72, and NYS Fire Code Section 907.1.3. Keypads and/or annunciators are included in this requirement. All system wiring shall comply with the National Electrical Code (NFPA 70). Thermostat, Security, Communication and other non-listed wiring is prohibited from use in Fire Alarm Systems.

**NOTICE:** Required Fire Alarm Systems shall be monitored using an on board Fire Alarm Communicator, an External Fire Alarm Communicator, Master Box or Supervised Direct Line. (NFPA 72 section 8.5.3.2.1 and NYS Fire Code section 907.6.6) Connection to a Security Alarm Panel is not an acceptable means of alarm monitoring.

The above listed Fire Alarm System has been tested and inspected in accordance with NFPA 72 and the NYS Fire Code and has been found to be  IN COMPLIANCE  NOT IN COMPLIANCE with stated codes, standards and regulations.

As Inspected by: MALYSA BATTAGLIA

Customer Name: \_\_\_\_\_

Signature: MALYSA BATTAGLIA

Signature: \_\_\_\_\_

Lic No. \_\_\_\_\_

Date: \_\_\_\_\_

## FIRE ALARM SYSTEM INSPECTION CONTINUATION PAGE

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Customer Name					Address					Insp Date				
US ARMY RESERVE - COLVIN					2393 COLVIN BLVD EXT					9-May-24				
GENERAL INFORMATION														
Type	Location	TBL	Alarm	Zone	Address	Type	Location	TBL	Alarm	Zone	Address			
INITIATING DEVICES										NOTIFICATION DEVICES				
PSD	BOILER ROOM				UNK	PS	BOILER RM 107							M001
PSD	O/S BOILER ROOM				D018	PS	1ST FLR SOUTH EXIT DR							M002
PSD	O/S ROOM 109				D083	PS	LOBBY							M005
PSD	IN ROOM 109				D002	PS	LOBBY							M007
PSD	O/S ROOM 11				D013	PS	1ST FLR NORTH EXIT DR							M009
PSD	O/S ROOM 113				D010	PS	DRILL HALL LEFT EXIT DR							M021
PSD	IN ROOM 113				D003	PS	DRILL HALL RIGHT EXIT DR							M027
PSD	IN ROOM 113				D004	PS	KITCHEN EXIT DR							M028
PSD	O/S ROOM 114				D006	PS	2ND FLR LOBBY							M023
PSD	IN ROOM 114				UNK	PS	2ND FLR SOUTH STAIR DR							M024
PSD	IN ROOM 111				UNK	PS	OMS BLDG WEST EXIT							UNK
PSD	IN ROOM 112				D009	PS	OMS BLDG EAST EXIT							UNK
PSD	IN ROOM 112				D011									
PSD	IN ROOM 110				D012	HS	BOILER ROOM							UNK
PSD	IN ROOM 110				D014	HS	O/S BOILER ROOM							UNK
PSD	IN ROOM 108				D015	HS	O/S ROOM 109							UNK
PSD	IN ROOM 108				D017	HS	IN ROOM 109							UNK
PSD	IN ROOM 108 CLOSET				UNK	HS	O/S ROOM 111 (WOMENS R/R)							UNK
PSD	MAIN LOBBY				D019	HS	O/S ROOM 113							UNK
PSD	MAIN LOBBY CENTER				UNK	HS	IN ROOM 113							UNK
PSD	O/S ROOM 106				D027	HS	O/S ROOM 114							UNK
PSD	IN ROOM 106				D020	HS	IN ROOM 114							UNK
PSD	O/S ROOM 105				D082	HS	IN ROOM 115							UNK
PSD	IN ROOM 105				D021	HS	IN ROOM 112							UNK
PSD	IN ROOM 103				D022	HS	IN ROOM 110							UNK
PSD	O/S ROOM 103				D025	HS	IN ROOM 108							UNK
PSD	IN ROOM 101				D023	HS	MAIN LOBBY							UNK
PSD	IN ROOM 102				UNK	HS	MAIN ENTRANCE AREA							UNK
PSD	HALLWAY AT PANEL				UNK	HS	O/S ROOM 106							UNK
PSD	O/S UTILITY ROOM				D031	HS	IN ROOM 106							UNK
PSD	IN UTILITY ROOM				D032	HS	O/S ROOM 105							UNK
PSD	IN SPCR ROOM				UNK	HS	IN ROOM 105							UNK
PSD	IN ROOM 120				D035	HS	IN ROOM 103							UNK
PSD	O/S ROOM 120				D036	HS	O/S ROOM 103							UNK
PSD	ASSEMBLY HALL 1				UNK	HS	IN ROOM 101							UNK
PSD	ASSEMBLY HALL 2				UNK	HS	IN ROOM 102							UNK
PSD	ASSEMBLY HALL 3				UNK	HS	UTILITY ROOM							UNK
PSD	ASSEMBLY HALL 4				UNK	HS	IN ROOM 104							UNK
PSD	ASSEMBLY HALL 5				UNK	HS	IN ARMS VAULT							UNK
PSD	ASSEMBLY HALL 6				UNK	HS	IN ROOM 120							UNK
PSD	ASSEMBLY HALL 7				UNK	HS	HALLWAY AT PANEL							UNK
PSD	ASSEMBLY HALL 8				UNK	HS	UTILITY ROOM							UNK
PSD	IN ROOM 118				D033	HS	HALLWAY TO GYM							UNK

FIRE ALARM SYSTEM INSPECTION CONTINUATION PAGE

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FIRE ALARM SYSTEM INSPECTION CONTINUATION PAGE

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# Elwood Fire Protection, Inc.

291 Grote Street Buffalo N.Y. 14207

(716) 447-0370 (716) 447-0191 Fax

www.elwoodfire.com

No. 03506

## SYSTEM DEFICIENCY REPORT

Customer Name: Army Reserve - PFC Charles Deglopper AFRC Date: 5/9/24 Technician: Malysa B.

Site Address: 2393 Colvin Blvd Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Tonawanda, NY 14250 E-mail Address: \_\_\_\_\_

Manufacturer of System: Kiddie Type of System: Dry Chem

Model Name: IND-21 Control Head Type: VCH

Previous Service Provider: Elwood Fire Protection

Reason for Deficiency: 12 year Hydro test due

Scope of Work Required: Replace system tank - due for hydrotest.  
Recommission System upon completion

Parts Needed: \_\_\_\_\_ Labor Hours needed: 11.50

1x IND-21 tank + agent

1x Cartridge

Fusible Links

1x valve rebuild kit

Additional Comments/Special Requests: \_\_\_\_\_

RED TAGGED (YES or NO) By What Company: Elwood Fire Protection

Technician Signature: X Malysa B.



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291 Grote Street • Buffalo NY 14207  
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# FIRE EXTINGUISHER WORK ORDER

No. 40067

Customer Name Army Reserve

Date: 5/9/24 10AM-1PM

Location Address 2393 Colvin Blvd Extension  
Tonawanda Tonawanda, NY 14250

Contact: \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Purchase Order # \_\_\_\_\_

\_\_\_\_\_

Tech: MB + MC

WEIGHT	NEW FIRE EXTINGUISHERS			RE-CERTIFIED FIRE EXTINGUISHERS			SUB TOTAL
	Part #	Quantity	Price	Part #	Quantity	Price	
2.5 LB	400-2			400-2R			
5 LB	400-5			400-5R			
10 LB	400-10			400-10R			
20 LB	400-20			400-20R			
6 LK	400-150			400-150R			

WEIGHT	Co2 RE-CERTIFIED UNITS			ABC/BC/K RE-CHARGE ONLY			SUB TOTAL
	Part #	Quantity	Price	Part #	Quantity	Price	
5 LB				338-0041A			
10 LB				338-0041B			
15 LB				338-0041C			
20 LB				338-0041D			
				338-0042			

MISC. SERVICE			
Part #	Quantity	Price	SUB TOTAL
1x Suppression System Ins. (IND-21)		200	200

MISC. PARTS			
Part #	Quantity	Price	SUB TOTAL
338-0020	25	\$8	200
338-0021			
338-0025			
560-S130A			
321 GEN			
400-401			
400-402			

Customer Signature John H. Hale Date 5/9/24

**SUB TOTAL:**

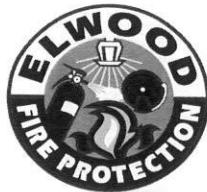
Print Name John H. Hale

**TAX:**

Technicians Signature W.M. Pate Date 5/9/24

**THIS IS NOT AN INVOICE**

FIRE EXTINGUISHER WORK ORDER



## ELWOOD FIRE PROTECTION, INC.

291 Grote Street, Buffalo, New York 14207

PH: 716-447-0370 FAX: 716-447-0191

[www.elwoodfire.com](http://www.elwoodfire.com)

No. 2932

# **FIRE PROTECTION SERVICE REPORT**

Customer: PFC Charles Pegloppe AFRC

Address: 2393 Colvin Blvd

Tonawanda, NY 14150

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** [info@pennstate.edu](mailto:info@pennstate.edu) **Fax:** 814-863-2222

#### Description of Work Performed

#### **Description of Work Performed**

#### **Description of Work Performed**

## DESCRIPTION OF WORK PERFORMED

**Description of Work Performed**

## Annual Backflow Inspections

## 1.) Domestic - Pass

**NOTICE: This is not an invoice or bill. All quantities and prices are estimated and subject to change upon verification. This is only acknowledgement of services rendered.**

### Total Labor Charges

### Total Material Charges

### Total Charges

Date: 5/9/24

Date: 5/9/24

### Service Technician

Customer: *John E. Hall*

PART A

Please use a separate form for each device.

For The Year

2024

Initial Test - Complete Entire Form



Annual Test - Complete Part A only

Public Water Supply

Fire co water

Account No.

County

Erie

Block

Lot

Facility Name **PFC Charles Deglopper AFRC**  
Address **2393 colvin Blvd Tonawanda 14150**  
Street **City** **Zip**

Location of Device

**community Room closet**

Device Information	Manufacturer <b>water</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>909MIQ+ 2</b>	Size (in Inches)	Serial Number <b>450417</b>
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Line Pressure	SS psi
Test Before Repair	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Opened at <b>2.4</b> psid	Date <b>05 09 24</b>	M D Y
	Pressure Drop Across first check valve <b>9.8</b> psid	<b>9.2</b> psid	Leaked <input type="checkbox"/>		
Describe repairs and materials used				Repaired By Name: _____ Lic #: _____ Date Repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Date Repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Pressure Drop Across first check valve _____ psid					

Water Meter Number

**16356064**

Meter Reading

**749091**

Type of Service (Check One)

Domestic  Fire  Other: \_\_\_\_\_

Remarks (Describe deficiencies; bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device:  meets,  does NOT meet, the requirements of an acceptable containment device at the time of testing.

Hereby certify the foregoing data to be correct.

**Bryan Frankowski**  
Print Name

**14950**

Certified Tester No.

**Rufyjew**

Signature

**3/31/26**

Expiration Date

Property Owner's (or owners agent) certification that test was performed:

**Troyan Y Park**  
Print Name

**Training NCO**  
Title

**Rufyjew**

Signature

Telephone

PART B

Certification that installation is in accordance with the approved plans.

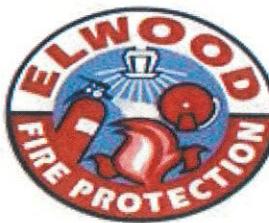
(To be completed by the design engineer or architect or water supplier)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log#		
License Number	Phone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representing	Describe minor installation changes				
Address					
City	State	Zip			
Signature					

# Elwood Fire Protection

291 GROTE STREET  
BUFFALO, NY 14207  
[www.elwoodfire.com](http://www.elwoodfire.com)  
Phone: 716-447-0370  
Fax: 716-447-0191  
Prepared by: MALYSA BATTAGLIA



## QUOTE

DATE	5/9/2024
QUOTE #	MB-10
CUSTOMER ID	
VALID UNTIL	30 DAYS

### CUSTOMER

US ARMY RESERVES - COLVIN  
2393 COLVIN BLVD  
TONAWANDA, NY 14150

### Billing Information

USA041

DESCRIPTION	UNIT PRICE	QTY	TAXED	AMOUNT
<b><u>FIRE EXTINGUISHER</u></b>				
10# ABC RECHARGE	\$ 95.00	3	N	285.00
10# CO2 RECHARGE	\$ 200.00	1	N	200.00
<b><u>SPECIAL HAZARD HYDROSTATIC</u></b>				
HYDRO OF CYLINDER - MODEL IND-21 (KIDDIE)	\$ 200.00	1	N	200.00
DRY CHEMICAL AGENT (ABC POWDER)	\$ 275.00	1	N	275.00
VALVE REBUILD KIT	\$ 294.00	1	N	294.00
KIDDIE CO2 CARTRIDGE	\$ 132.00	1	N	132.00
SYSTEM INSPECTION	\$ 200.00	1	N	200.00
FUSIBLE LINKS (SUBJECT TO CHANGE)	\$ 20.00	1	N	20.00
LABOR	\$ 250.00	1.5	N	375.00

### TERMS AND CONDITIONS

\*\*Excludes permit fees, plans, drawings, construction, repairs for inadequate building utilities or wiring. Also excludes any additional work not specified or required by code enforcement.

Subtotal	\$ 1,981.00
Taxable	\$ -
Tax rate	
Tax due	\$ -
Other	\$ -
<b>TOTAL</b>	<b>\$ 1,981.00</b>

Customer Acceptance (sign below):

X \_\_\_\_\_

Print Name:

**Thank You For Your Business!**

If you have any questions about this price quote, please contact  
[Malysa Battaglia, 716-447-0370, [malysa@elwoodfire.com](mailto:malysa@elwoodfire.com)]